

Welcome to our Learning Network & Knowledge Hub Webinar

Indigenous Cultural Responsiveness Theory (ICRT): A New Tool for Improving Health Outcomes for FNMI (First Nations, Metis and Inuit) Peoples

Date & Time: Tuesday, November 27, 2018 from 1:00 to 2:15 PM
EST

- All attendees are muted during the webinar.
- If you are experiencing issues, please type into the chat box.
- If you have a question for the webinar speaker, please type into the Q&A box and we will spend 15 mins near the end on Questions and Answers.
- There will be an evaluation link in the chat box at the end of the webinar, please fill out the form as your feedback will guide our future webinars.
- Once you complete the evaluation form, you will be directed to a website where you will be prompted to enter your full name and email address. A certificate of attendance will be generated and emailed to you.
- The webinar recording will be posted on our website within the next few days:

<http://www.vawlearningnetwork.ca/in-kh-webinars>



Financial contribution from

Indigenous Cultural Responsiveness Theory (ICRT): A New Tool for Improving Health Outcomes for FNMI (First Nations, Metis and Inuit) Peoples

November 27, 2018

Learning Network & Knowledge Hub Webinar, Centre for Research & Education on Violence Against Women & Children, Western University

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Associate Professor
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University of Regina

Workshop Outline

1. Opening
 2. Why we need an Indigenous Framework
 3. The Colonial Context
 4. The Culturally Responsive Framework
 5. Nato'wehowin
 6. Engaging with Indigenous Communities
 7. Ethics and Policy
 8. Closing
-

Self Location

- Introduce yourself:
 - What is your name?
 - Where are you from?
 - Why are you taking this workshop?



Why do we need an Indigenous Framework?

- Too often, indicators of community wellness actually measure the absence of something negative (disease), rather than the presence of something positive.
- What does the community need? What strengths does it have already?
- Problematic thinking – ‘closing the gap’ on Indigenous health
- While collecting information on things like sickness and environmental damage to raise awareness of real challenges, they can also become discouraging, self-fulfilling prophecies, lowering the expectations of community members of what is possible
- Simply stated, a wellness indicator is a measure of how *well* one are doing.
- **How we frame the challenge will frame how we look at the solution! By focusing our efforts on tracking progress towards our most important values and aspirations, we will become communities that are working towards health and wellness.**

What is Needed?

- **Paradigm Shift**

The current Western paradigm of health delivery has failed Indigenous peoples. It is reactionary rather than preventive. A new framework or adoption of Indigenous work in this area is needed. Key to improving Indigenous health policy.

- **Indigenous Leadership**

More weight must be given to Indigenous voices. Indigenous people know what their needs are. Indigenous leadership is leading a new paradigm.

- **Indigenous Culture**

Indigenous knowledge and culture should be incorporated into health care service delivery and policy development. Solutions must reflect *miyo mahcihowin* - the Indigenous concept of health, which includes spiritual, emotional, mental and physical well-being. This involves a holistic, preventive approach that focuses on the long term.

Cultural Humility vs Cultural Competency

- Cultural humility is respecting worldviews, “being aware of power imbalances and being humble in every interaction with every individual” (Foronda, Baptiste, Reinholdt, & Ousman, 2016).

- Cultural competency is knowing about a culture
- Attempting to become an expert or ‘qualified’ to work with a culture

Our goal today is not to tell you everything you need to know about Indigenous people, but to help you develop cultural humility in order to **build relationships** with Indigenous people.

The Colonial Context

“History has had complex effects on the structure of communities, individual and collective identity, and mental health [of Aboriginal peoples].”

Kirmayer & Valaskakis, p. 27



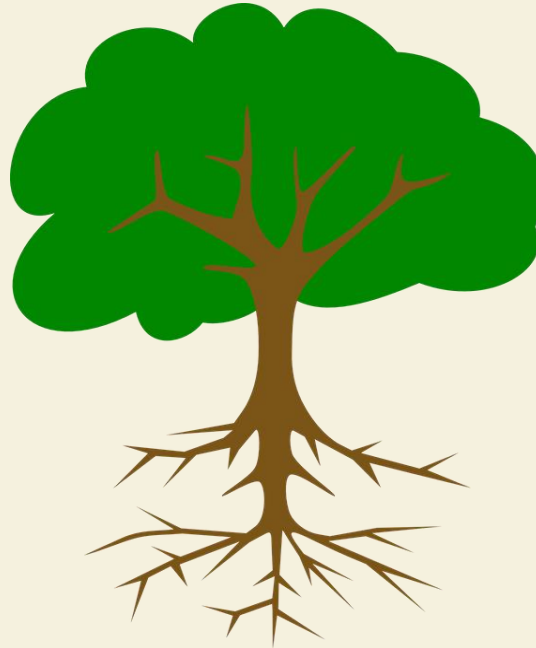
Canada's History with Indigenous Peoples

- Exploitive
 - “Helicopter Research”
 - No data, consent, or ethics
- Racist
 - Used to promote and legitimize racist ideology, rather than help communities
 - Capturing the ‘exotic native’ and Social Darwinism
 - Deficit-based data normally used
- Violating human rights
 - Medical experimentation and dehumanization of Indigenous people (ex. nutritional and medical research conducted on residential school children; forced sterilizations).

Research used as a colonizing force

Structural Determinants of Health

Proximal



Early child development,
Income, Education, Social
Support Networks, Culture,
Employment, Working
Conditions, Physical
Environment

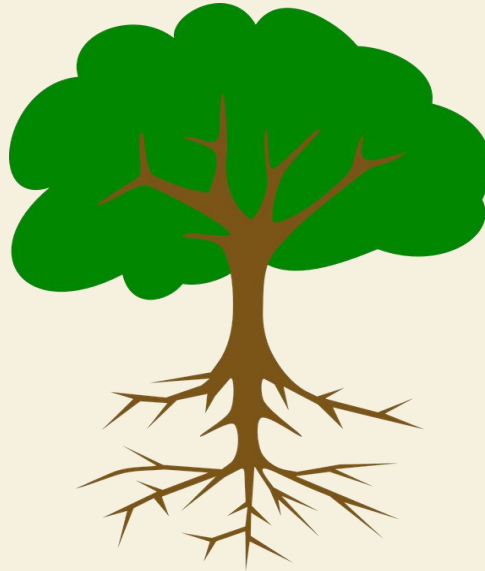
Intermediate

Health care, Education,
Justice, Government, Social
Supports, Labour Markets

Structural

Historical, Political,
Ideological, Economic, and
Social Foundations

Structural Determinants of Health



Colonialism

The Colonial Experience

- A relationship history filled with:
 - Colonization
 - Relocation and confinement to reserves
 - Separation from family
 - Residential school trauma
 - Restricting involvement in economy and land
 - Political marginalization
 - Bureaucratic and technocratic control of every detail of their lives
 - Treated as research test subjects

“larger social structural problems [...] persist and [...] risk continuing the assault on the identity and vitality of Aboriginal peoples.”

(Kirmayer & Valaskakis, p. 28)

Relationship is the Foundation

How do I establish authentic relationships with Indigenous Peoples?

We need a different perspective in order
to face new challenges

A Relational Worldview

- With people, families, community
- With the land
- With the spiritual
- With culture
- A holistic approach

Some believe that this relational way of being is the heart of what it means to be Indigenous

The 5 Rs of Indigenous Research Translate to Everything

- Respect
 - Of Indigenous Cultural Identity
- Relevance
 - To Indigenous Perspective and Experience
- Reciprocity
 - In relationships and in knowledge-sharing
- Responsibility
 - In one's own life and through participation
- Reflexivity (Kovach, 2010)
 - Changing as a result of the co-constructed relationship and knowledge sharing

The Culturally Responsive Framework

Sasakamoose, J., Bellegarde, T., Sutherland, W., Pete, S., McKay-McNabb, K., (2017). Miyo-pimātsiwin Developing Indigenous Cultural Responsiveness Theory (ICRT): Improving Indigenous Health and Wellbeing.: International Indigenous Policy Journal, 8 (3) p. 1-16.

“If it’s true that we have been researched to death” he said, “maybe it’s time we started researching ourselves to life.”

As told by Elder Marlene Brant Castellano

History of the Cultural Responsiveness Framework

- An MOU was signed by Federation of Sovereign Indigenous Nations (FSIN), Health Canada, Saskatchewan Ministry of Health, August 2008.
- Driven by a community consultation, enlivened by Indigenous scholars In 2016, The Muskowekwan First Nation (MFN) engaged Indigenous scholars JoLee Sasakamoose (Ojibwe) and Shauneen Pete (Cree) with the MFN community to develop a First Nations community-based family healing and wellness
- Federation of Sovereign Indigenous Nations (FSIN) partners Terrina Bellegarde (Nakota-Cree) and Wilson Sutherland (Cree) joined Sasakamoose, Pete, and McKay-McNabb to transform the Culturally Responsive Framework (CRF; FSIN, 2013) into a theoretical model that continuously improves the well-being of Indigenous Peoples in Saskatchewan.
- First Nations OCAP principles are comprehensive to the framework's objectives

The Culturally Responsive Framework

● Goals

- Restore First Nations Community-based health and wellness systems
- Establish a “middle ground” for engagement between mainstream and First Nations systems and worldviews
- Transform mainstream service delivery to culturally responsive by guiding research that continuously improves the wellbeing of Indigenous peoples.



What is Cultural Responsiveness?

- Refers to health care services that are respectful of and relevant to the health beliefs, health practices, culture and linguistic needs of diverse patient populations and communities.
- CR describes the capacity to respond to the healthcare issues of diverse communities. It requires knowledge and capacity at different levels of intervention: systemic, organizational, professional, and individual.

The Cultural Responsiveness Framework (2009). Published by Rural and Regional Health and Aged Care Services, Victorian Government, Department of Health, Melbourne, Victoria

Benefits of Cultural Responsiveness

- Access and equity for all
- Consumer 'health literacy' and reduced delays in seeking health care and treatment
- Communication and understanding between health consumers and providers resulting in
 - Better compliance with recommended treatment
 - Clearer expectations
 - Reduced medical errors and adverse events
 - Improved satisfaction
 - Reduced hospitalization rates
- Patient safety and quality assurance
- Business practice and best use of resources (Stewart, 2006).

Equity, Access and Quality

- It is well documented that there are long-standing disparities in the health status of people from diverse cultural, linguistic, and socio-economic backgrounds (Bacote, et. al., 2007; Betancourt, et. al., 2003; Flores, 2005; Divi, et. al., 2007).
- Equity in health care means that we all have the same right to access and receive high-quality, safe care, regardless of cultural, linguistic, religious, and socio-economic considerations.
- This DOES NOT mean that everyone receives the same care, but that all persons have their health care needs well met, and that factors that can potentially contribute to different patient outcomes have been minimized.

The lack of culturally responsive care is, in fact, a major contributor to health disparities.

How do we create a ‘middle ground’?

Ethical Space

- A cooperative spirit between Indigenous peoples and Western institutions, in order to create new currents of thought. (Ermine, 2007).

Two-Eyed Seeing

- To see the strengths of Indigenous knowledge and the strengths of Western knowledge and use them together. (Bartlett, & Marshall, 2010).

Harmonizing

- It is within this area of ethical space that the strengths of Indigenous ways and the strengths of evidence-informed Western approaches are considered. (Sasakamoose, et. al, 2017; LaVallie & Sasakamoose 2016).

Establishing the Middle Ground

Four protective factors of a culturally responsive healing model that are effective when applied to decolonized healing approaches:

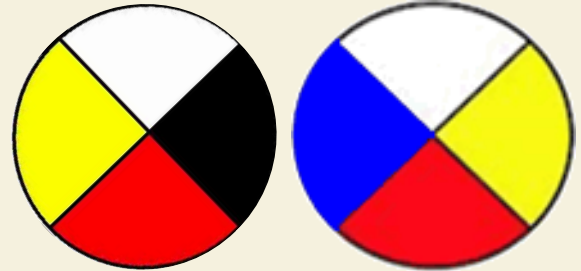


Spiritually-Grounded Perspective

Cultural Connectedness

Research Practice that includes:

- Indigenous worldviews
- Holistic view of wellness
- Connectedness to family, the community, and the land
- Use of ceremony
- Integrating traditions and culture



“Culture is a necessary part of prevention and healing...for Indigenous peoples” (C. Fiedeldej-Van Dijk et al., p. 2).

Community-Specific Perspective

- “Ongoing transformations of identity...have led some groups to do well...the health of the community appears to be linked to the sense of local control and cultural continuity” (Kirmayer & Valaskakis, p. 28)
- Support initiatives that follow the vision of the unique community based on the project, the community needs, and the community’s capacity and interest in engagement.



Trauma-Informed Perspective

- Researchers must take into account the intergenerational impact of colonization and its associated negative health impacts on the lives of Indigenous people



- Intergenerational Trauma
- Distrust of western health systems , researchers, government, etc.

“When [they] talk about the word ‘healing’, they forget how that word can sound to people who were abused in residential school. Who is going to want to go to the abusers for healing? No thank you!”

Strengths-Based Perspective

“What makes us well?” rather than “What makes us sick?”

- Attempts to identify what resources an individual has to positively address problems. It is a model that focuses on developing assets (Smith, 2006).
- As people develop greater awareness of their own strengths, they will be able to take control of their lives and make appropriate decisions to empower themselves (Smith, 2006).
- Looking for opportunities for growth



Cultural Responsiveness

- CR may be viewed as a viable strategy to improve the links between access, equity, quality and safety, better health outcomes for culturally and linguistically diverse populations and as a strategy to enhance the cost effectiveness of health service delivery.

Culturally Responsive?



**Natawihowikamik Healing Lodge and Wellness Clinic
Faculty of Education Indigenous Counselling Program
University of Regina**

Nato' we ho win



- Nato' we ho win is an innovative program that addresses the mental and physical health needs of women who have experienced intimate partner violence and self-identify as Indigenous.
- The program consists of trauma-informed, artistic, and cultural programming. Participants engage in cultural and creative activities to increase stress management skills, social support networks and knowledge of traditional Indigenous culture and to address health and social issues related to colonialism.
- The group is facilitated by an Indigenous Knowledge Keeper or Trauma-Informed Artist. An Elder/Knowledge Keeper and Domestic Violence Advocate are present at every group session.

Natawihowikamik Healing Lodge and Wellness Clinic







Reconciliation?



Engaging with Indigenous Communities

Putting it all Together

“Research is a relationship based on respect, and it takes time to build trust.”

AMC Elder (Assembly of Manitoba Chiefs Elders Workshop on Research Ethics, 2005)

How do you engage with a community?

First Steps

- Indigenous communities can be approached in a variety of ways:
 - the individual level
 - the professional level (staff, health resources, tribal councils and organizations)
 - the political level (Chief and council)

The Relationship Game

If you want to get to know someone, what would you do?

- How would you meet someone?
- What questions would you ask them about themselves?
- What activities would you do with them?
- How long would it take?

Ceremony, Protocols, and Knowledge Keepers

“If you cut corners with ceremony, it shows that you will cut corners with everything else”

Elder Peter Nippi



Planning Process

- Time

- Did you include time for relationship building, community engagement, ceremony?

- Budget

- Did you include funds for relationship building, community engagement, ceremony, travel, tobacco, cloth, compensation?

- Supports

- Do you know what supports the community has? What do they need?

- Transparency

- Does the community understand what you are doing?

- Consultation

- Have you added space for community input?

Ethics and Policy

The Basics

“Ethics is the way we
treat one another”

Dr. Willie Ermine

United Declaration on the Rights of Indigenous People

Article 19: Duty to Consult

“...shall consult and cooperate in good faith with the Indigenous peoples concerned through their own representative institutions in order to obtain their free, prior and informed consent before adopting and implementing legislative or administrative measures that may affect them.”

Will your work affect an Indigenous Community or Peoples?

Tri-Council Policy Statement

Core Principles:

- Respect for Persons
- Concern for Welfare
- Justice



TCPS 2: CORE

**Module 9:
Research Involving First Nations,
Inuit & Métis Peoples of Canada**

Will your work involve an Indigenous community or peoples?

Ownership Control Access & Possession: What is OCAP?

- The First Nations principles of OCAP® are a set of standards that establish how First Nations data should be collected, protected, used, or shared. They are the *de facto* standard for how to conduct research with First Nations.
- Standing for ownership, control, access and possession, OCAP® asserts that First Nations have control over data collection processes in their communities, and that they own and control how this information can be used

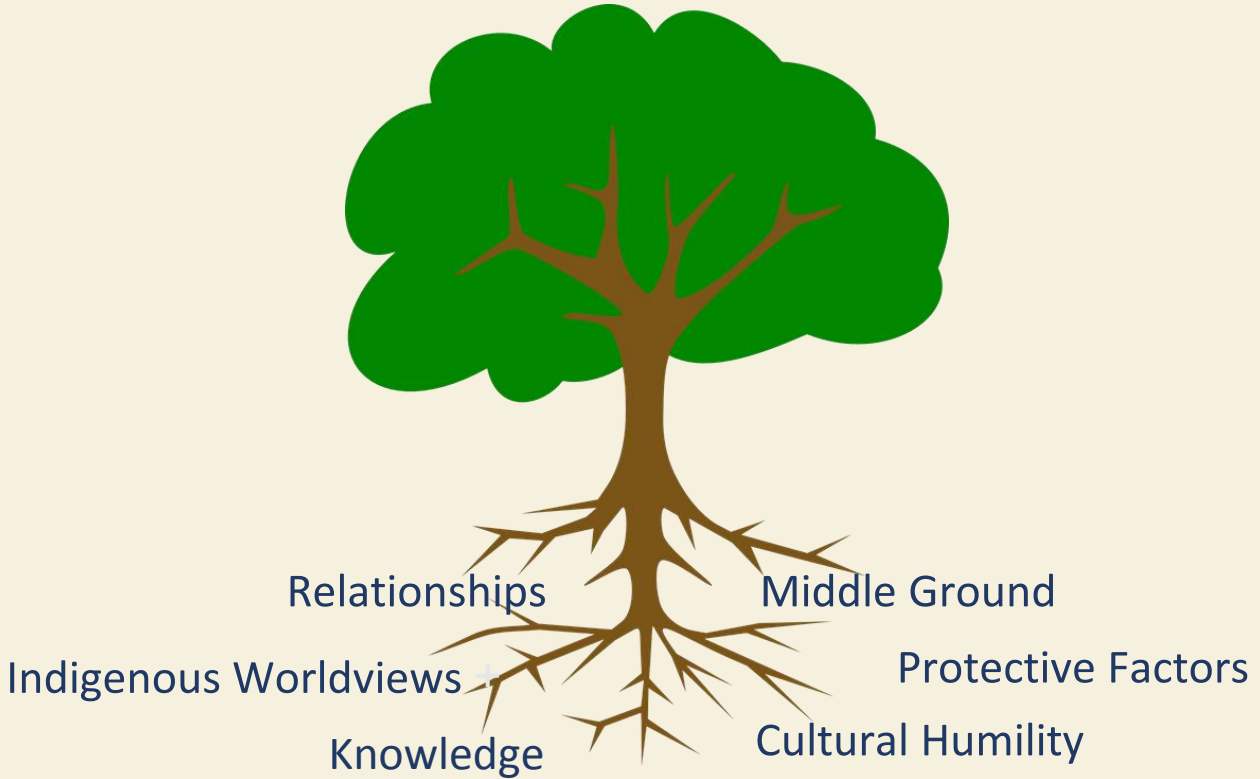


Will you collect data about an Indigenous community or peoples?

In Summary

The principles of Indigenous health are very dependent on the Indigenous group (First Nations, Metis, Inuit) and partners, which can vary considerably based on the situation, the communities' needs, as well as the communities capacity and interest in engagement. There is no cookie-cutter approach, which often contributes to hesitancy among those interested in getting involved in Indigenous health and wellbeing.

There is, however, a simple solution – just **ask your Indigenous colleagues and partners. If you do not have any, then that becomes your first step.**



Healthy System (Tree)

Questions?

Deepen Your Work: Resources

- TCPS 2: CORE (Course on Research Ethics) is an introduction to the 2nd edition of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2). It consists of eight modules focusing on the guidance in TCPS 2 that is applicable to all research regardless of discipline or methodology
<https://tcps2core.ca/welcome>
- OCAP online training. Standing for ownership, control, access and possession, OCAP[®] asserts that First Nations have control over data collection processes in their communities, and that they own and control how this information can be used. <https://fnigc.ca/ocapr.html>. The First Nations principles of OCAP[®] are a set of standards that establish how First Nations data should be collected, protected, used, or shared. They are the de facto standard for how to conduct research with First Nations.



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Thank You

If any information presented today caused you distress, please connect with someone.

Consider a friend, colleague, supervisor or a distress line.

Information about distress lines in your area is available at Your Life Counts – www.yourlifecounts.org

Ou [Ressources – Aide, support et références au Québec](#)